

Entrance Date: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address (if different from child): \_\_\_\_\_

Place of Employment (father): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address (if different from child): \_\_\_\_\_

Place of Employment (mother): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Driver's License Number: \_\_\_\_\_ Mother's Driver's License Number: \_\_\_\_\_

Child's Living Arrangements (check one):  Both Parents  Mother  Father  Other \_\_\_\_\_

Child's Legal Guardian: \_\_\_\_\_

The child may be released to the person(s) signing this agreement or to the following person(s)

Name	Address	Phone

Person to contact in case of an emergency when parents cannot be reached

Name	Address	Phone Numbers

Child's Pediatrician

Name	Address	Phone Numbers

My child has the following special needs / allergies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_